

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>18154</b>	2. Fiscal Year Covered From: <b>1</b> / <b>1</b> / <b>2004</b> Through: <b>12</b> / <b>31</b> / <b>2004</b>
3. Name and address of person filing. Name <b>Kurt</b> <b>T</b> <b>Chaffee</b> P.O. Box, Bldg., Room No., if any <b>Suite 280</b> Street <b>6601 Winchester Ave</b> City <b>Kansas City</b> State <b>Missouri</b> ZIP Code + 4 <b>64133</b>	4. Name, file number, and address of labor organization. Name <b>Operating Engineers Local 101</b> Labor Organization File Number <b>022-411</b> P.O. Box, Building and Room Number, if any <b>Suite 280</b> Street <b>6601 Winchester Ave</b> City <b>Kansas City</b> State <b>Missouri</b> ZIP Code + 4 <b>64133</b>
5. Position in labor organization. <b>Vice President</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

*Kurt T. Chaffee*

On

**8-10-05**  
Date

**816-737-8600**

Telephone Number

Name of Person Filing **Kurt Chaffee**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name **IUOE Local 101 Pension Fund**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **Suite 250**Street **6601 Winchester Ave**City **Kansas City**State **Missouri** ZIP Code + 4 **64133**

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

**As a Plan Trustee, attended an educational conference put on by the IPEBP in New Orleans, LA.**11.b. Approximate dollar value of such dealing. **\$18,422,886**

## 12.a. Nature of interest held or income received.

**Reimbursed costs to attend the conference.**12.b. Amount. **\$1,595**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing <b>Kurt Chaffee</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>Sierra Investment Partners, Inc</b></p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any <b>Suite 300</b></p> <p>Street <b>101 Ygnacio Valley Road</b></p> <p>City <b>Walnut Creek</b></p> <p>State <b>California</b> ZIP Code + 4 <b>94596-4061</b></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>IUOE Local 101 Pension Fund</b></p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any <b>Suite 250</b></p> <p>Street <b>6601 Winchester Ave</b></p> <p>City <b>Kansas City</b></p> <p>State <b>Missouri</b> ZIP Code + 4 <b>64133</b></p>	<p>11.a. Nature of such dealing.</p> <p><b>The business is an investment manager for the Trust</b></p> <hr/> <p>11.b. Approximate dollar value of such dealing. <b>\$556,417</b></p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p><b>Gift of a wine opener &amp; etched wine bottle, golf balls and a divot repair tool.</b></p> <hr/> <p>12.b. Amount. <b>\$113</b></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>

Name of Person Filing Kurt Chaffee

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Holsington Investment Management Company

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 600

Street 1250 S Capital of TX Hwy, Bldg 3

City Austin

State Texas ZIP Code + 4 78746

## 9. Business deals with:

- ☐ a. Labor Organization  
☒ b. Trust  
☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name IUOE Local 101 Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 250

Street 6601 Winchester Ave

City Kansas City

State Missouri ZIP Code + 4 64133

## 11.a. Nature of such dealing.

The business is an investment manager for the Trust

## 11.b. Approximate dollar value of such dealing.

\$125,201

## 12.a. Nature of interest held or income received.

Gift of binoculars.

## 12.b. Amount.

\$75

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.